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**COMBINED DECLARATION and POWER OF ATTORNEY**

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As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

NOVEL OCCLUSIVE DRESSING

**SPECIFICATION IDENTIFICATION**

the specification of which is attached hereto unless the following box is checked:

☒ the specification of which was filed on April 10, 2006, as United States Patent Application Serial No. 10/575,414.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**FOREIGN PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER § 119 or § 365
GB	0323881.3	11 October 2003	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

### POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<b>022913</b> U.S. PATENT & TRADEMARK OFFICE CUSTOMER NUMBER
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All correspondence and telephonic communications should be directed to:

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### DECLARATION

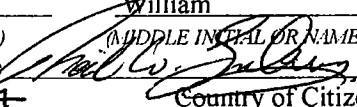
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE

*NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.*

Full name of sole or first joint inventor

Neil William Graham  
(GIVEN NAME) (MIDDLE INITIAL OR NAME - IF ANY) FAMILY (OR LAST NAME)

Inventor's signature 

Date 06/07/07 Country of Citizenship GB

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